



PTO/SB/122 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|----------------------|-------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/736834 |
| | Filing Date | December 14, 2000 |
| | First Named Inventor | Gregory D. Troxel |
| | Art Unit | 2144 |
| | Examiner Name | M. A. Delgado |
| | Attorney Docket No. | BBNT-P01-120 |

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number: 28120

OR

| | | | | | |
|--|-------------------------------------|-------|-----|----------------|------------|
| <input type="checkbox"/> Firm or Individual Name | Edward J. Kelly ROPES & GRAY LLP | | | | |
| Address | One International Place | | | | |
| City | Boston | State | MA | Zip | 02110-2624 |
| Country | US | | | | |
| Telephone | (617) 951-7000 | | Fax | (617) 951-7050 | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number: 54,130
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

| | | |
|-----------------------|------------------|--------------------------|
| Typed or Printed Name | Edward A. Gordon | |
| Signature | | |
| Date | August 26, 2004 | Telephone (617) 951-7066 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| |
|---|
| <input type="checkbox"/> *Total of 1 forms are submitted. |
|---|

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 8/26/04 Signature: Joanne Ryan (Joy Robinson)